



U.S. Department of State

# LIVING PATTERN QUESTIONNAIRE FOR CIVILIAN POST ALLOWANCE AND MILITARY COLA

Post/Duty Station: \_\_\_\_\_

The purpose of this questionnaire is to identify the consumer facilities and services that you and your family use at your post/duty station, as well as to gather some other information about your living pattern that relates to the cost of living at your foreign location. The information you provide on this questionnaire will be used to develop the U. S. Department of State's "Indexes of Living Costs abroad." These indexes measure overall living cost differences between Washington, D.C. and locations where Federal employees are assigned abroad. **The answers that you and others provide through this questionnaire will be used, with other information, to establish your post (cost-of-living) allowance level.** Please use the designation "N/A" for any question that does not apply to you and your family. Accurate information is vitally important, so please take the time to complete the survey to the best of your ability.

## 1. Your Agency:

- |   |   |
|---|---|
| <input type="checkbox"/> Department of State                  | <input type="checkbox"/> Department of Defense (Military) |
| <input type="checkbox"/> Agency for International Development | <input type="checkbox"/> Other Agency (Please specify:)   |
| <input type="checkbox"/> Department of Defense (Civilian)     | _____   |

(For the next two items, please select your pay schedule and pay grade - for example, FS-2, GS-7, E-4, WO-2, O-3.)

## 2. Your Pay Schedule:

- |   |  |
|---|--|
| <input type="checkbox"/> FS (Foreign Service)                   | <input type="checkbox"/> (Military Enlisted)           |
| <input type="checkbox"/> GS (Federal General Schedule)          | <input type="checkbox"/> WO (Military Warrant Officer) |
| <input type="checkbox"/> SES (Federal Senior Executive Service) | <input type="checkbox"/> O (Military Officer)          |
|   | <input type="checkbox"/> Other (Please specify:)       |
- \_\_\_\_\_

## 3. Your Pay Grade:

- |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 08 |
| <input type="checkbox"/> 09 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |                             |

## 4. Number of family members:

- |                            |                            |                            |                            |                            |                            |  |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | If more than 5, please specify : _____ |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|

## 5. Length of time at current location: \_\_\_\_\_

## 6. I certify that the information I have provided on this Living Pattern Questionnaire is accurate to the best of my knowledge:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm-dd-yyyy)

7. List the primary and secondary local outlets used by you and your family use for each of the following consumer goods and services. **Do not include military facilities, the Embassy or Consulate commissary, or any other U. S. government owned or operated facilities.**

CONSUMER GOODS	PRIMARY LOCAL OUTLET	SECONDARY LOCAL OUTLET
<b>MEAT &amp; DAIRY PRODUCTS</b>		
MEATS (E.G., BEEF, PORK, LAMB)		
SEAFOOD (FRESH & CANNED)		
POULTRY		
DAIRY PRODUCTS (E.G., EGGS, ICE CREAM, CHEESE)		
<b>GROCERIES</b>		
GROCERIES (E.G., MILK, BREAD, CEREAL, SOFT DRINKS)		
<b>FRUITS AND VEGETABLES</b>		
FRESH FRUIT & VEGETABLES		
CANNED FRUIT & VEGETABLES		
FROZEN VEGETABLES		
<b>ALCOHOL AND TOBACCO</b>		
ALCOHOLIC BEVERAGES		
TOBACCO		
<b>CLOTHING</b>		
MEN'S, WOMEN'S AND CHILDREN'S		
<b>PERSONAL CARE</b>		
TOILETRIES (E.G., TOOTHPASTE & SHAMPOO)		
DRY CLEANING		
HAIR SERVICES		
<b>FURNISHINGS/HOUSEHOLD</b>		
APPLIANCES (E.G., MICROWAVE & TOASTER)		
CONSUMABLES (E.G., DETERGENT & PAPER PRODUCTS)		
<b>MEDICAL</b>		
MEDICINE (E.G., PRESCRIPTION & NON-PRESCRIPTION)		
DOCTOR (E.G., GENERALIST & PEDIATRICIAN)		
DENTIST		
<b>RECREATION</b>		
AUDIO/VISUAL SUPPLIES (E.G., VCR, CDS, VIDEO TAPES)		
PHOTOGRAPHIC SUPPLIES (FILM DEVELOPING & FILM)		
READING MATERIAL (E.G., BOOKS & MAGAZINES)		
RECREATIONAL EQUIPMENT (E.G., BICYCLE)		
MOVIE THEATER		
PERFORMING ARTS		
SPORTS EVENTS		
<b>PERSONALLY OWNED VEHICLES</b>		
AUTO MAINTENANCE (E.G., OIL CHANGE & TUNE-UP)		
AUTO TIRES		
GASOLINE		
<b>RESTAURANT MEALS &amp; DAY CARE</b>		
RESTAURANT MEALS (BREAKFAST & LUNCH)		
RESTAURANT MEALS (DINNER)		
DAY CARE		

## 8. Relative Importance of Various Sources of Supply

Please indicate below, beside each subcategory of product, the percentage of your household's shopping done at each type of facility. The percentages summed across each row should add to 100%. Do not report outlet names in this table.

The subcategory definitions are as follow:

"Local Market": Items purchased locally, regardless of the country of origin.

"Supply brought to current location": Items purchased in anticipation of your assignment or conveyed to the foreign location at U.S. government expense in your household effects.

"Other": Items purchased from other posts or foreign locations.

### Example:

SUBCATEGORY	LOCAL MARKET	SPECIAL FACILITIES		SUPPLY BROUGHT TO CURRENT LOCATION	SUBSEQUENT PURCHASES			TOTAL
		EMBASSY COMM.	MILITARY COMM./EXCH		U.S. (INCL. CATALOGS/MAIL ORDERS)	EXPORT COMPANIES	OTHER FOREIGN LOCATION	
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
TOILETRIES	20		60			20		100%
HOUSEHOLD CONSUMABLES	30	60		10				100%
RECREATIONAL EQUIPMENT	10			80	10			100%

SUBCATEGORY	LOCAL MARKET	SPECIAL FACILITIES		SUPPLY BROUGHT TO CURRENT LOCATION	SUBSEQUENT PURCHASES			TOTAL
		EMBASSY COMM.	MILITARY COMM./EXCH		U.S. (INCL. CATALOGS/MAIL ORDERS)	EXPORT COMPANIES	OTHER FOREIGN LOCATION	
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
MEATS								100%
SEAFOOD								100%
POULTRY								100%
DAIRY PRODUCTS								100%
GROCERIES								100%
CIGARETTES								100%
ALCOHOLIC BEVERAGES								100%
FRESH FRUIT & VEGETABLES								100%
FROZEN VEGETABLES								100%
CANNED FRUIT & VEGETABLES								100%
TOILETRIES								100%
HOUSEHOLD CONSUMABLES								100%
MEDICINE								100%
AUDIO/VISUAL SUPPLIES								100%
PHOTOGRAPHIC SUPPLIES								100%
READING MATERIAL								100%
RECREATIONAL EQUIPMENT								100%
AUTO TIRES								100%

9. If you indicated in the preceding section that you purchased from either an "Export Company" or an "Other" foreign location please identify the names of those retail sources in the appropriate columns.

**Export Company**

**Other Foreign Location**

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10. Relative Use of Commodities and Services

Based on volume only, approximate the proportion of the following goods used in preparing meals at home:

<u>Fruit</u>	<u>Vegetables</u>	<u>Milk</u>	<u>Meats</u>
Fresh: _____ %	Fresh: _____ %	Fresh/UHT: _____ %	Beef: _____ %
Canned: _____ %	Canned: _____ %	Dried: _____ %	Pork: _____ %
100%	Frozen: _____ %	100%	Lamb: _____ %
	100%		Poultry: _____ %
			Seafood: _____ %
			100%

11. Estimate the percentage of travel for which you use each of the following forms of transportation:

Personally Owned Vehicles:	_____ %
Government Transportation:	_____ %
Taxi:	_____ %
Municipal Bus:	_____ %
Subway/Commuter Train:	_____ %
	100%

12. Estimate the percentage of your family's meals that are eaten in each of the following facilities:

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
Local Restaurant:	_____ %	_____ %	_____ %
Post Restaurant:	_____ %	_____ %	_____ %
Military Restaurant:	_____ %	_____ %	_____ %
Home:	_____ %	_____ %	_____ %
	100%	100%	100%

13. Special Arrangements

Does the U.S. Government or landlord provide major household furniture, such as bed, sofas, and tables?

Yes ☐ No ☐

Does the U.S. Government or landlord supply major household appliances, such as stove, refrigerator, and washer/dryer?

Yes ☐ No ☐

14. For each of the goods and services listed in the table below, allocate the percentage of your use of the facilities in the column headings.

ITEM	LOCAL RETAIL FACILITY (%)	EMBASSY COMMISSARY ASSOCIATION (%)	MILITARY FACILITY (%)	HOME (%)	TOTAL
LAUNDRY					100%
DRY-CLEANING					100%
HAIR SERVICES, MAN'S					100%
HAIR SERVICES, WOMAN'S					100%
HAIR SERVICES, CHILD'S					100%
DAY CARE					100%
AUTO MAINTENANCE					100%
DOCTOR'S VISIT		(RMO)			100%
DENTIST					100%
MOVIES		(MARINE HOUSE)			100%
ITEM	LOCAL RETAIL FACILITY %	TAX/DUTY FREE ARRANGEMENTS (%)	MILITARY FACILITY %	IMPORTS %	TOTAL
AUTO TIRES					100%
ITEM	% PURCHASED AT FULL LOCAL RETAIL PRICE	% PURCHASED DUTY FREE AT POST/DUTY LOCATION, WITH COUPONS OR THROUGH A TAX-REFUND PROGRAM AT A LOCAL STATION		% PURCHASED AT MILITARY FACILITY	
GASOLINE					100%

15. If you employ household help, please complete the following:

Type of Household Help	Average Number of Hours Worked Per Week
Housekeeper	
Cook	
Day Worker	

Household Help necessary for:

☐ Security  
☐ Language difficulties  
☐ Shopping/food preparation  
☐ Extra cleaning/laundry due to climate  
☐ Other (please specify in comments section)

16. COMMENTS: Describe briefly any significant cost-of-living expenses for your family that are not identified elsewhere in this questionnaire (e.g., specific medical or educational expenses).